## DEPRESSION AMONG THE YOUNGS

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A diagnosis of depression condition was made in 42 patients aged from 14 to 26. In regard of nozology it was a polymorphous group. In depression condition the following behaviour changes were registered in teenagers and young people: absence from classes, alcoholic excesses, manifestation of uncharacteristically disdainful and rude communication. The correlation between depression and delinquency has been determined by the mechanism of functional age regress, that means that during the disease period the behaviour forms peculiar to more early stages of development had been returning. Particularly the manifestation of functional age regress were adjustment reactions which dominated in patient behaviour. The patients showed an alexithymia-inability to verbal displaying of depressive selfperception. As a consequence of alexithymia unconscious seeking of situations producing negative emotions and corresponding this attitude of mind took place which led to delinquent behaviour.

## DENTOGENIC PAIN — A PSYCHOLOGICAL APPROACH

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In discussions on the causes of dentogenic pain the terminology reflects present-day knowledge: neurovegetative system, diencephalon, psychological structure of the personality, mental representation of character organs, good or bad objects of indentification, inhibitions and frustrations in psycho-sexual development (oral fixation).

Dentogenic pain is, similarly to neurotic fear, a signal of danger (Ego disintegration) in the narcissistic sector of the personality. In dynamic terms underlying the experiences of these persons is fear of loss of relations with the object and fear of loss of an integrated Ego feeling. This leads to a battle between the desire to fuse with the object and the opposite, rejection of Ego by the object.

*Research aim:* a) psychological structure of personality; b) defence mechanisms; c) cognitive correlates of aggressiveness; d) examine whether personality integration levels affect the degree and type of aggressive reactions.

*Methodology:* Sample: 50 persons of both sexes, 20–50 years of age, average secondary school education.

*Variables:* The constructs of every personality model were operationalized through scales of accompanying texts, scales intended to measure the given variables.

*Variables:* Test T-15: measures aggressiveness defined as the tendency to destructive reactions.

*Variables:* pain/support system: 1) body; 2) belonging, 3) consciousness, speech and thought, 4) faith, purpose & hope.

*Conclusion:* In our research we have found out that depressively structured personalities as well as passively aggressive ones with dominant defense mechanisms such as suppression and somatization more frequently react through dentogenic disorders, just like persons whose libidinal cathexis on Ego limits is weakened.

## OUTCOME AND CHARACTERISTICS OF DROPOUTS FROM A CHILD AND ADOLESCENT PSYCHIATRY CLINIC IN HONG KONG

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*Objective:* To examine the pattern, and outcome, of dropping out from child and adolescent psychiatry clinic in a non-western setting.*Method:* Over a two year period, the medical charts of 235 new cases were reviewed one year after the initial assessments to examine the characteristics of those who dropped out of treatment. They were subsequently traced by telephone interviews to ascertain outcome.

*Results:* We found a dropout rate of 27.2%. Different child and parental factors operate at different stages of dropping out. Children who are less functionally impaired and whose mothers had no formal education were more likely to drop out early. Late dropouts were associated with girls, children not living with both biological parents, a history of hospitalisation for their psychiatric symptoms, and earlier follow-up appointments. The telephone interviews revealed that the major reasons for dropping out were clashes with school time (60.5%), children not wanting to attend (60.5%), and parents did not think that the child had any psychiatric problems (55.8%). Half of the children were assessed by their parents to have improved, while a quarter had recovered, and another quarter had remained the same. One third had subsequently contacted other professionals, including doctors, social workers and psychologists. *Conclusions:* Compared with Western finding, our results showed that socio-cultural factors are important in influencing the characteristics of clinic dropouts. Our findings help to indicate ways of improving and maximising the effective and efficient use of child and adolescent psychiatry services in Hong Kong.

## ARE PATIENTS WITH A DIAGNOSIS OF ALCOHOL DEPENDENCE A HOMOGENEOUS GROUP CONCERNING PERIPHERAL PSYCHOPHYSIOLOGICAL PARAMETERS?

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26 male inpatients with a DSM-III-R diagnosis of alcohol-dependence were exposed to optical and acoustical stressors, using a standardized software program (REACT), in order to answer the following questions:

(1) Are there any significant differences between healthy males and the patient-group (after acute withdrawal symptoms have subsided) concerning the baseline of the peripheral parameters (SCL, temperature, heart rate, pulse amplitude)?

(2) Are there any significant differences between the two groups in their reactions to the stressors?

(3) Will there be a "fractionation of responses"

*Results:* (1) Significant differences between the groups were found in the baseline of peripheral temperature (patients significantly lower than controls).

(2) None of the parameters showed significant differences between the two groups in their reactions to the stressors.

(3) Both groups showed a fractionation of responses concerning SCL/SCR and the cardiovascular system.

*Conclusive remarks:* Male patients with a DSM-II-R diagnosis of alcohol dependence seem to be a heterogenous group concerning all but one parameter: differences to the control group were only found in the peripheral temperature.

This might be due to "prolonged withdrawal symptoms" on one side, an actual "patient characteristic" (physiological) on the other. In order to clarify this question a prospective study would be necessary.

## WORKING WITH REFUGEE CHILDREN AND FAMILIES

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Refugee children and their families constitute a particular challenge to child and adolescent mental health services. They are difficult

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